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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

Registration District No. 234

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15653

Primary Registration District No. 6117

Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT

(b) City or town DIEHLSTADT - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/2 MI WEST IN [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether In this community 10 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State MISSOURI (b) County SCOTT 0

(c) City or town DIEHLSTADT
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL 1/2 MI WEST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NONE

3. (a) PRINT FULL NAME JAMES EARL WARREN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JUNE (Month) 29 (Day) 1928 (Year)

8. AGE: Years 14 Months 1 Days 24 If less than one day hr. min.

9. Birthplace TURRELL (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

MOTHER FATHER

12. Name NEALY BROWN WARREN

13. Birthplace BAKERSVILLE, TENNESSEE (City, town, or county) (State or foreign country)

14. Maiden name MARY ALICE CRIBB

15. Birthplace GREEN COUNTY ARKANSAS (City, town, or county) (State or foreign country)

16. (a) Informant NEALY BROWN WARREN

(b) Address DIEHLSTADT, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation MAYNARD-DIEHLSTADT, MO

18. (a) Signature of funeral director John F. Nunnelee

(b) Address Charleston Mo

19. (a) 4-8-1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22 ND year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from August 10, 1942, to August 22, 1942 that I last saw him alive on August 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	
Due to 120a 2	
Due to	
Other conditions (Include pregnancy within 3 months of death) Infantile paralysis when a baby.	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. C. Gresnell (M. D. or other)

Address Charleston, Mo. Date signed 8-25-42

1220

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 448-029
Date Filed 4-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.